FILE NOW: FILING FEE AFTER MAY 1 IS \$55.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

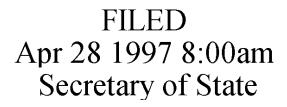
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000095191 (9)

TELLER SOUTHEAST, INC.





2. Principal Place of Business 2. Principal Place of Business 2. Suite, Apr. #, etc. 22. City & State 23. F. Lauderdak, FL	Suite, Apt, #, etc. 27 # 25	Birch Kd Gerdale, FL	3. Date incorporated or Qualified 12/15/1995 4. FEI Number 65-0629244 5. Certificate of Status Desired 6. Election Campaign Financing	3a. Date of Last Report 08/08/1996 Applied For Not Applicab \$8.75 Additional Fee Required \$5.00 May Be
Zip 222 and Country	Zip	Country	Trust Fund Contribution  8. This corporation has liability for in	Added to Fees stangible tax under s. 199.032,
24 33304 25 USA	29 33369	30 USA	1 101102 0101010	Yes No
9. Name and Address of Cur	rrent Registered Agent	81 Name	10. Name and Address of New Reg	Istered Agent
C T CORPORATION SYSTEM	_	81 Name		
1200 SOUTH PINE ISLAND ROAD		82 Street Add	et Address (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33324		83		
				1-1 7-0-1-
11. Parsuant to the provisions of Sections 607, office or registered agent, or both, in the Stagent. Lam familiar with, and a supert the		84 City		FL 85 Zip Code
THLE PD	a agent and tille if applicable (NOT AND DIRECTORS DELETE	E flegistered Agent signature requests  13.  11 TiTLE	ADDITIONS/CHANGES TO OFFICE	Change . Addition
NAME JOHNSON, DAVID SIREFF ADDRESS 7601 E. TREASURE DR. #1	1408	1.2 NAME 1.3 STREET ADDRESS	FOHNSON DAVID	Change
AL DAY MILAGE EL 99444		1.4 CITY-ST-ZIP	Ft. Landerdale FL	33304
THEF	DELETE	2.1 TITLE		Change Additi
NAMÉ		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
City-St-Zib		2. 4 CITY - ST - ZIP		
CHY-ST 20-	DELETE	2. 4 CITY - ST - ZIP 3 1 TITLE		Change Additi
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4. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes: I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I are an officer or director of the corporation or the receipting or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on an advantment with an address.

SIGNATURE:

PARINTED NAME OF BIGNING OFFICER OR DIRECTOR

SIDENT /22/97 (954) S

Date Daylore Pt

BARTAAN